



# TOWN OF LOS GATOS

## COMMUNITY SERVICES COMMISSION APPLICATION

Submit to: Office of the Town Clerk  
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031  
Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: [clerk@losgatosca.gov](mailto:clerk@losgatosca.gov)

**Please type or print legibly**

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	
A separate application is required for each Commission. Please list other Commissions you are applying to: _____		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check the appropriate category:

- ☐ I am applying for an adult commissioner position.
- ☐ I am applying for a student commissioner position.

1. What kinds of fund-raising activities have you participated in? \_\_\_\_\_

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2. What experiences have you had with non-profit agencies? \_\_\_\_\_

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3. Please describe any experience you have with grant application review processes. \_\_\_\_\_

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4. What grant writing experiences do you have? \_\_\_\_\_

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5. What community needs would you like to specifically address? \_\_\_\_\_

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